

NAME: _____ DATE: _____

CLIENT INSTRUCTIONS: List current balances and account numbers for all debts. IF you need additional space, please use a separate sheet. **PLEASE BRING YOUR MOST RECENT STATEMENTS WITH YOU.**

						Counselor Use Only	
Creditor:	Account Number:	Current Balance	*Mths Del.	Monthly Payment	Minimum Due	DMP Payment	Current Int. Rate
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
TOTALS:							

NOTE: The length of the **DMP** is **ESTIMATED**, since your creditors determine the interest rate, CCCS cannot guarantee the length of your program. The estimate is based on the balances, interest rates and monthly payments given above. The estimate is also based on the assumption that you will make all payments on time and in the full amount, and that your creditors will charge an estimated interest rate of 20%, and will not charge any additional late or over limit fees. Creditors may alter their policy during the program and any changes will impact this estimate. Creditors may also figure interest different than this estimate and this will impact the program length as well.

LENGTH DMP: _____

CLIENT

DATE

COUNSELOR

DATE